

# Health and Human Services Committee Meeting Transcript – 10/11/2017

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[2:06:30 PM]

>> Houston: Good afternoon, everyone. This is councilmember Ora Houston and we're waiting on councilmember kitchen for our quorum. If you parked in the garage if you will go over to the clerk's desk and get your ticket validated so that you don't have to pay for your participation today. Hopefully everybody got a copy of the agenda. Good afternoon again, I'm Ora Houston, chair of the health and human services council committee. A quorum is present so I'll call this meeting to order at 2:07 on Wednesday, October the 11th, 2017. We're in the council chamber at 301 west second street, Austin, Texas. And we've already talked about parking, so everybody has that done. I want to announce before we go any further that we're postponing indefinitely item number 5, a resolution submitted by the human rights committee regarding gentrification. They want to have more time update their information so we will be indefinitely postponing that. We have the minutes in front of us from the last two meetings, may 2nd and may 8th.

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And I had one correction to that. On the may 2nd agenda we adjourned at 9:07 A.M. Rather than P.M. I appreciate any other corrections to the minutes. May I have a motion to accept the minutes as corrected? >> Second. >> Houston: It's been moved by mayor pro tem tovo and seconded by councilmember kitchen. All in favor let it be known by saying aye. >> Aye. >> Houston: It's unanimous on the dais. Do we have any citizens communications? One person? And who is that person? >> [Inaudible]. >> Houston: Gus Garcia? I don't -- Gus Pena. Mr. Pena, are you out in the lobby someplace? If he comes in we'll call him up at that point. We have agenda item number 3, the city council health and human services committee will deliberate in closed session pursuant to 551.074 of the Texas government code, personnel exception regarding the selection of applicants to interview for the austin/travis county

sobriety center. Once we've gone into executive session we'll return to the dais. So we're recessed until we come back.

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>> Houston: We are out of closed session. In closed session we took up personnel matters related to item 3. The committee will schedule interviews for six potential candidates and that will be on dates to be announced because we don't have any dates right now. The schedule is kind of confusing, so we're going to work on that and then -- but we will be interviewing those people in the next week -- weeks, November some time. So we're here now to -- we're on item number 4 and I would like to invite Andy brown to come up and talk to us a little bit about the austin/travis county sobriety center. We're glad that you could be here in judge hohengarten's stead, so this is a time for you to be able to share with us anything you would like to regarding the Austin sobriety center. >> Thanks for the opportunity. My name is Andy brown, I'm the vice-chair of the austin/travis county sobriety center local government corporation. And we're making good progress. We obviously got the location, which is where the current medical examiner's office is. I believe they are vacating that today, which is exciting. And we will start with getting the permits to built, until liquor and build it out for the sobriety center. We are in the process of interviewing executive director candidates and hope to have an executive director starting in January. And also I think the latest schedule that I've heard for when we would actually move in and start operations would be some time in April or may of 2018.

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So the board is working every month to get things ready for that, and the big one right now is the search that we're in the middle of for the executive director. So exciting times at the sobriety center. Do you have any questions? I guess y'all are obviously going to get another board member for us and we appreciate that. >> Houston: You all have been working on this a long time. How many years has this been a vision? >> A very long time, very long time, absolutely, yes. >> Houston: Very long time. Do you have any kinds of input about the kinds of -- we talked earlier about filling out the board and the variety of interests and needs. And what does the board really might need as far as skills and expertise? >> Let's see. If the board -- the board could set up a decent sized law firm with the number of lawyers that we have on the board, so we probably, including myself, so we probably really don't need any more legal expertise. I think that obviously may not mission of the sobriety is to save the city and the county and hospitals' resources and to help people sober up over a period of four to six hours. So I think that anyone who has maybe worked with people before who are dealing with the sobering part of it, I think we could use a couple more in that area. The budget obviously is an important issue. I don't believe we

have anyone who is a cpa or has any real specific budget experience. We're also going to work on marketing it so that not just police officers, but regular people know what it is and know that it's a resource there. And then eventually hopefully raise some private funds to help fund its

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operations, but I think right now it sounds like what we really need are people who kind of have budget, marketing or recovery experience. I would say those three are the biggest places we could use an additional board member. But honestly, it's not rocket science. I think anyone who is a smart -- a smart person hospitals to help out the sobriety center and has some time to do it and has good follow-through, I think that would be a good candidate because it's not rocket science. Houston, Texas any other questions for -- >> Houston: Any other questions for Mr. Brown? I appreciate you coming today and I appreciate you understanding that the regular folks don't know what it is, so it's real important that that message gets out. They know that you've been working on it for a long time, but I think if you ask the regular Jane doe on the street what the sobriety center is, you may not get that. So I think in order to get the kind of attention to the mission of the center, it's really important that people understand what it is. So I appreciate marketing as one of those things that you're looking for. >> And along those lines I'll say real quick that the purpose of the sobriety center is so that if somebody gets picked up and they're drunk or intoxicated in some way, the police officer instead of taking them to jail and -- which would take the police officer off the streets and would spend time and money in the jail or taking that person to the emergency room where they would still take the police officer off the street and spend time and money in the emergency room that is often not reimbursed for the hospital, instead of all that, which costs the city and the county and the hospital millions of dollars each year, the person could be picked up, dropped off at the sobriety center and then the police officer who dropped them off there can leave ideally in about five minutes and be back on the streets. And the person who is there is in a safe environment

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where they can sober up for the next four to six hours. And just to reinforce this does not include anyone who is accused of driving under the influence. That person would still go to jail. >> Houston: And we have some very good examples of sobering centers in Houston and in San Antonio, so we hope to be among that group. >> Yep. We hope to be. >> Houston: In January. Thank you so much. We appreciate you coming by. >> Awesome. Thank you very much for your time. Did you have a question? >> Tovo: I just had one. You had asked how long this has been in progress, and I think I'm right in remembering that the city council, the Austin city council passed its first resolution directing the city manager to

create a sobriety back in 2001. So it has taken quite awhile. But it's actually getting done now. So it is extremely exciting and I appreciate vice-chair brown's leadership? >> Houston: Thank you for sharing that information. As I mentioned earlier, we will not be taking up agenda item number 5. So now we'll have a briefing from the community action network, the executive director of the community action network is former councilmember Raul Alvarez, and he's here to talk about their dashboard, the socioeconomic indicators for '17. And you have about 15 minutes. Can you get it done in 15? >> I'll get it done in less because I know y'all know your dashboard indicators. But -- but I want to thank you for the opportunity -- >> Houston: Councilmember Alvarez, we also know you. [Laughter]. >> That's true. It's who you give a microphone to, right? I really appreciate the opportunity to come and chair a little bit about the dashboard. Like I said, you all have followed sort of the evolution of this and

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councilmember kitchen was involved in actually transitioning from the issue area report type of work or research that C.A.N. Did to this kind of community-wide indicator that we transitioned to. And this year we gave the dashboard a facelift and we gave the web page a makeover, so we're very excited about that. And it's a lot more user friendly, hopefully a lot more infographic and a little bit less text, but there's still, for those who like to read, there's still a lot of information there, but a lot more, you know, also in terms of infographics that will kind of communicate a lot, but in a more efficient manner. But you know who our C.A.N. Partners are. You know 25 organizations, you know, up from 13 when it was originally founded and it's actually 25 years ago. This is our 25-year anniversary, and we are trying to go around to all the partners to say thank you. So we do say thank you to the council for its continued support, but you see that again it's a wide variety of folks from government to k-12 education, higher Ed, health, economic development, workforce training, transportation and the variety of community collaborations. Metro looks a little lonely over there in the corner with the transportation, but everyone -- almost everybody else on the list depends on them for the service they provide so we are very grateful for what they do and for being at the table. Most of my presentation, you know, I'm going to kind of focus on something new that we're doing and some new tools for you to use in addition to the 17 indicators. We're doing a lot more mapping and so in the report you will usually find a map or two, and this year we mapped percent low income by census tract to see where the concentration of low

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income families are. And sometimes we focus on poverty and sometimes we focus on low income. And this year we're showing where low income families reside, and low income -- the definition for low income families is families that make twice the income of a family in poverty. So that would be 48,000

for a family 48,000 for a family of four and part of the reason is because of the affordability challenge in our community. You don't have to worry about families in poverty, you know, finances are a challenge for families who make even more than that. And when we look at the indicators, we'll be able to highlight a little more about why that's true. Demographics, this is a slide I like to share, and again, we're looking at one year American community survey estimates, and so these are for 2015 and you see that it's the first year that we didn't report any group that had 50% of the population, so you see 49% hispanics, 34 black and 9% Asian at 6. And if you look at the breakdown by age, you see from 65 and over, you know, about 70% of the population is white, but if you look at under 18, you know, about 65% of the population is children of color, is families or individuals who are people -- I guess youth of color, we're looking at 18 and under. So when you look at the indicators in the dashboard and you see there's disparities by race and you look at this particular graph, you realize this is very important that we figure how to better address the needs of youth of color because our community is going to start changing in the very near future, you know, because of the demographics. Just because of the numbers themselves, right, and so

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really appreciate everyone being at the table at C.A.N. To -- to help work through and think creatively about what we can do to address the needs. So on page 3 and 4 of the actual written report, you see the actual dashboard itself, and this is -- I'm mainly going to take about the layout, I'm not going to go by indicator by indicator because I'll never get done in 15 minutes. There's a new layout and hopefully it's easy to read. It got difficult to read what it was saying. In this particular section I wanted to share we look at five-year trend. We don't just look at one data point. The board makes a decision to look at a five-year trend and it will tell you is it a good trend, better, worse, unchanged. That's one thing you can quickly glean from the report. The last column are we on track to the target. The target is specified there in sort of the middle of that table, but the yes or the no tells you if that five-year trend continues will we meet our goal. Those are the two things you can really quickly glean from the data. Now, the challenge with this is the communitywide indicators. One thing about that is there's no one who owns that particular issue, right? It takes a community effort to move the needle on any of these. But it also is that because it's communitywide indicators, it doesn't reflect the reality for every community or every group of folks in the community. And so one of the things that's kind of new that I'll share when we get to the

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website part, are the basic needs met. You look at people in poverty, you see the top indicator, you see poverty has gone down from 19% in 2011 to 13% in 2015. So obviously that's better, you know, but

when I first started in this position that's not the reality for everyone in Austin or that's not the reality of my community or for people like me. And so part of what we did to strengthen the dashboard is the four pages after the dashboard is called the equity analysis. So basically we took any data that was available by race and ethnicity for their indicators and did an analysis of what it's saying by race and ethnicity that may be different from what's happening communitywide. That's been I think very -- a new change that's been very well received because, again, it paints a more complete picture of what's happening, but we still can tell the story of what's happening communitywide, but different communities are faring differently. Poverty is one of those that, you know, where the poverty rates for African-Americans and hispanics are two and a half to three and a half times greater than they are for the community as a whole. And in your -- in the packet that you have, and I hope that you have is in there, we published a closer look on child poverty. So it's kind of a new tool that I'm trying to utilize. When he with can't get enough information in the dashboard, it's one report and can only do so many things. When our community council asks us to take a year to examine child poverty, so we said let's pull whatever data we can on child poverty and share it with the community council, and it was like pretty -- pretty alarming kind of what we found is that when you break

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down the data for poverty and just look at child poverty, you find that the disparities by race for African-Americans and hispanics are five to seven times worse. You know, so for the broader populations of hispanics and African-Americans, the disparity is two and a half to three and a half times, child poverty it's five to seven times for disproportionate. Given the slide I showed about the demographics. Our young people, it becomes even more and more important for us to look at how do we help families who are African-American, hispanic, you euro Asian. I'm going to shift over so I can show you a few of the features on the website and that way we can share with you all what can be gleaned through the website part of the dashboard. Any questions while he's transitioning? >> Houston: I think it's great that you look deeper into the issues because as we talk on the -- at the meetings, some of the reductions in poverty is because people have moved outside of the city or the county. And so they are living in other locations. >> That's the reason we do the mapping so you can see what the change is over time. The map we have this year isn't a change map, it isn't like ten years ago compared to this year, but in previous years we've done that where we compare over the five or ten-year period how are the demographics changing. As more tools become available we try to use them so we can tell the story a little more clearly. And I think -- we try to do things differently.

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I'm going to hide over here behind the desk. Can we project -- this is the new and improved website as well. And it used to be at the -- it used to be C.A.N. Community dashboard.org and I'm not sure why it was done that way, but now we've linked it to the C.A.N. Website. If you type C.A.N. Tx.org and click on dashboard, it takes you to the dashboard so it saves strokes. A lot of years to get to it. You see the clear layout in terms of the gold areas and the board laid out, you know, for gold areas as part of its vision. We come together as 25 agencies that partner so we can create a community where we're earn gauged where basic -- engaged where we are healthy and achieve full potential. That's what we aspire to. And in the dashboard we kind of pose it as questions, are we safe and engaged, are our basic needs met, are we healthy, et cetera, because actually we're trying to show in the data is how are we doing. But we do have a demographics analysis for the community and I kind of showed that graph about demographics by age. The equity analysis, right, is included here. And it's, again, looking at race and ethnicity by the goal areas and summarizing what the dashboard says. Before I do want to say thanks to our dashboard steering committee. These are the folks who serve on the steering committee and advise us on how to improve or strengthen the dashboard so probably more than half come from the

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C.A.N. Partner organizations, but other data experts that kind of -- have come to the table are folks from children's health, the ray Marshall center, housing works and other -- echo, and so they help to make sure it's a reliable source of information for the community. In terms of health care or health, we are healthy. This is the healthy human service committee -- >> Houston: I hate to rush you, but could we go over to receive our full -- >> If you click on the icon and get to the dashboard page so you can see what's in the dashboard page of the report and click on these different indicators. Kindergarten readiness, high school graduation and, you know, post-secondary success. In school readiness, again you will see -- you will have a lot more data here than in the report and so we'll report our indicator and it will show the trend over five years. And then in this one we don't have data reported by race and ethnicity so we report disparity by income status so it's a pretty broad achievement gap there for low-income kindergarteners, 65% or 63% or so and low-income kindergarteners who are only 28 or 29% kindergarten ready. I guess [inaudible]. And this is kindergarten readiness by race and ethnicity. Large disparities there.

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And so you can just go back to -- you can toggle using these switches here. The one I like to share is this graduation rate because we compare -- we've been doing very good if you look at the communitywide trend which is we're close to kind of 90% in terms of four-year graduation rate. But if you look at the

comparison of 2005 and 2015, you see that these graduation rate caps have closed a great deal. There's still some gaps, but everyone you see is approaching 90% of graduation rate. And then -- and so now what we look at -- >> Houston: Councilmember. >> Yes, ma'am. >> Houston: Councilmember kitchen has a question. >> Kitchen: I think you may have said this, but on the equity analysis, did you see all the measures where you have the demographic information? You do? Okay. >> Yeah, we just tried -- whatever it's telling us, we try to convey in that section. It will also say it in the indicator, that indicator that we tried to kind of compile it so you don't have to flip through 20 pages worth of data to find it. >> Kitchen: To what extent are those mapped? So I think that equity analysis by, you know, the demographics, but -- some of them are mapped, right, but do you map all of those or just some of them or how do you do that? >> We don't map -- mainly it's kind of broader populationwide statistics because when you break it down to different categories -- it's so small it doesn't get reliable. But I think one of the tools

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we're trying to create is create basically a map of Travis county by elementary school Zones. You know, because those have very reliable data because they are basically census of families going to those schools and whatever information we can get from that we'll be able to see by elementary school zone what's the demographics of different schools and how does it look for the county. It's been a challenge to get data that's reliable, you know, by race and ethnicity for a lot of these indicators because the population size is getting so small we can't record it because of lack of reliability. So I think I'll share the unemployment one as well just because this is another one like poverty rate where people say, look, our unemployment is so low, look at how successful we're being, but it's another one if you look at the data by race and ethnicity, you see that it's two times or more disparity, a couple times worse for African-Americans in particular in that category. If you do see that these trends and economic trends are pretty similar in terms of the city and the county and the msa. Before I go over time, I said I wouldn't go over time -- >> Houston: I'm about to ring the buzzer. >> Two indicators that aren't I think at face value don't appear to be health indicators, but under basic needs we used to track vehicle miles traveled and so we changed that to percent of drive alone to work and that doesn't sound like something that's environmental or health related, but part of the reason we wanted to track that is we would also be

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able to track this, what percentage of people work at home, telecommute, what percentage bike and walk, what percentage use public transportation or carpools. There's efforts in a lot of areas in the community to try to improve these particular numbers, we thought this was a better indicator than

vehicle miles traveled because we know we're growing and growing on the outskirts so the indicator is only going to go up. That doesn't tell us too much about what we can do, but this hopefully tells us a little about where we are and how we compare to other communities. Councilmember. >> Kitchen: I was going to say, you are probably familiar with the asmp concept, the strategic mobility plan that's underway right now. They shared with us, they are developing as part of the asmp a new list of indicators for transportation. It might be interesting to see if there's any synergy there. I don't remember all the indicators, but the transportation department is the person heading up that mobility plan. Yes, a long list and I don't know if it's on the backup or not from yesterday's work session, but might be interesting. You guys may be able to inform them and vice versa. >> All right. And the last one real quick, madame chair, is number of days of good air quality. That's one where it used to be are we in attainment, right, do we achieve the state standards and it was yes, yes, yes. For the eight years we were tracking that indicator, the question is question. The question is how useful is that for you to say a yes

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or no on the indicator. We changed it to days of good air quality, which I think in this particular case is better than it was last year, but, again, one of the reasons we wanted to also do this indicator is because you can also track how many unhealthy days were there and how many unhealthy days were there for sensitive groups and how many moderate days of air quality was there. And we can compare that to other cities. So we just felt, again, that's kind of what the dashboard is for so you can glean something from it and maybe decide to take some action based on what you see so he with felt this was more appropriate. Of course, air quality has a direct impact, but we felt this was a better measure for the dashboard. So back here and thank you for your time. Sorry if I went over. >> Houston: That's quite all right. Most of the information is on the website, but you also have some pages that give you additional information, just not on the dashboard. >> Right, there's a page for indicator on the dashboard and what we couldn't fit you will find on the website. Two to three times. >> Houston: Thank you for your service and we'll see you Friday afternoon. >> Gracias. >> Houston: We've asked for a staff briefing on the -- from the budget office regarding. >> Good afternoon. I'm Stephanie Hayden,

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interim director Austin public health. At the last health and human services committee meeting councilmember Garza requested for us to provide a recap of the a brief recap of the Austin health department's budget and looking at the resolutions passed by council. The first slide looks at the fy 16 amended as well as the fy-17 amended budgets. And it also shows the 18 approved. Within those you

can see the funding has grown from 94 to 106 million, and we're at 483.25 positions. Over the years we -  
- in this growth it does also include the cost drivers as well as the social service increase. In fy-17 there  
was some one-time funding that was added and it shows how it was taken out and then some  
adjustments put back in. As I move through the preparation, it will give you the drill-down for this slide.  
The following shows you basically how the department uses the funding for the programs. And as you  
can see, from fy-17 to fy-18 there was a 2.9 million in one-time funding added and then that funding  
was removed. However, there was 400,000

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in one-time funding as well as 3.9 million in ongoing funding was added by council for social service  
contracts. During this time period between fy-16 to the present, we have seen a decrease in grant funds  
with wic, for example, there was a \$370,000 decrease as well as family health there was a \$150,000  
decrease. As we move a little further in the slides, you'll just kind of see how overall it's not showing  
because we've moved in some positions from H.R. -- Corporate hrd and so kind of stables off as well as  
with the cost drivers in the general fund. >> Houston: Ms. Hayden, for the people who are watching can  
you tell us what corporate hrd is? >> City of Austin corporate human resources department. This slide  
shows an overview of the personnel changes. During this fiscal year we transferred funding and 2.5  
positions for the youth and family services office from the human resources department to Austin public  
health. That is Dr. Eugene and her staff have transferred over to our department. There was a memo  
sent out earlier this year that reflected that change. Last fiscal year we move an I.T. System  
administrator from our department over to ctm to communities and technology management. As well  
as this is pretty

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revenue neutral because it's an accounting associate that we were able to reclassify that position. As  
well as there were two grant positions that were eliminated because the grant ended and so folks were  
able to shift over to general fund positions. The next couple of slides are going to look at the social  
service contracts and the increases to those, and so this just lists out the social service contract funding  
that was included by city council during the budget process and adoption. So it shows your ongoing fund  
as well as your one-time funding for these services. >> Kitchen: Could I ask a question? >> Yes, ma'am.  
>> Kitchen: On the -- I don't know, you may be getting to it, the increase in capacity for homelessness  
contracts, you do have the breakdown because we had a breakdown on what those were for. >> Yes. >>  
Kitchen: So that's a total amount, the 840? I thought it was more. >> Tovo: It's 840,000 plus 160,000 for  
passages plus 11.2 for paper success. But the general increase in capacity was 840,000. >> Kitchen:

Okay. And so I just want to make sure you have that broken down because we did -- we did break it down. We didn't put it all in one bucket. We had a dollar amount for the navigation center positions. >> So I think -- I think there may be a little bit of confusion. I think initially during the budget process the dollar amounts were specified because they were a larger dollar amount, but as the process moved -- as we moved through the budget process,

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the dollar amounts decreased. Now, there are some specific issue areas like the navigation that was stated on the dais to make sure that that is included in this dollar amount and we have the navigation piece in with that as well. There were other areas as well, so what we've done is we've made sure the items that you mentioned specifically, which was the navigation individual to work in south Austin has been noted and so that will be a part of the process that we're going to utilize in the community. >> Kitchen: The navigation centers had a dollar amount associated with it. >> Yes. >> Kitchen: We can talk when that later. We don't have to talk about it right now, but the -- what we voted on had a dollar amount associated with it so we can talk about that later. >> Okay. Okay. Yes, we'll definitely get in touch with your office so we can make sure that we cover that. >> Kitchen: And I will check my memory with the mayor pro tem, but I thought we had a specific dollar amount, so -- yes, but we said on the dais we are designating a certain amount for the navigation spot. But anyway, we'll talk about it. >> Houston: Mayor pro tem. >> Tovo: I think it's both true. I think we left it in the 840,000 and the direction from the dais was that there be at least two navigators. >> Kitchen: Yes. >> Tovo: But we didn't in that motion identify what that amount was. Now, in the backup information leading up to that, there are amounts identified for that, but the actual -- what we passed lumped it all together for that 840. It gets to the same thing, but we did not call out X dollars of that 840 for navigation services. Again it amounts to the same thing because we identified

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how many and for one of them where. So it will -- >> Yes. >> Kitchen: As long as it amounts to the same thing. We had a certain dollar amount. I wouldn't want the amount we assumed for that position to be assumed to be less. So -- because we -- you know, we talked about two positions, we had a dollar amount associated with those and that's what I'm wanting to make sure that we maintain. >> That will be maintained because that was pretty spelled out in the conversation with the two positions for the navigation centers and then for one to be in south Austin. So that will definitely be spelled out, yes, ma'am. >> Kitchen: Okay. Okay. >> Okay. Okay. The following slide picks up the other half of the social service contracts including passages, health navigation contract which is for the Asian resource center

and the services that are there. This is just a quick high-level review of the two resolutions. The resolution in 2016 adopted a formal policy goal for an additional funding within two to four years plus annual costs escalators. And so the outcome of the 2.6 million that was added in fy-2018 we are at 2.2 million for social service contracts and about 400,000 for health operating. And so that operating expenses does kind of pick up your cost drivers so it's the same expenses citywide such as insurance and et cetera. So kind of wrapping this all up, where does this put us as far as outstanding?

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16.7 million is remaining to meet the resolution. 6.1 million in social services is what we have to actualize the 12 million that is on the resolution. The 10.6 million is what we have left to cover the core services of the department. So that -- those are services such as immunization, sexually transmitted diseases such as HIV, your preparedness and surveillance as well as your youth development, just to name a few. So in total sum that is how we get to the 16.7 million that is remaining. Again, 6.1 million for social services is what's remaining out of the 12 million, and 10.6 million to cover the core services. And I know the question is is how are we more than where we need to be. With each year within that, the 10.3 million plus the 1.8 million for inflation and population growth will bring us to, you know, the total of roughly about 12 million. And so as you actualize that every year, then that's how we were able to get to that bottom line. That concludes my presentation and I'm available for questions and I have my staff and Mr. Ed van eenoo has joined me as well. So thank you. >> Kitchen: I have a quick question. >> Yes, ma'am. >> Kitchen: I'm sorry, I wasn't quite tracking you. So we have not invested what we -- what we -- we adopted a formal policy goal to

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invest more, but we haven't reached that, right? Is that -- >> No, ma'am, we have not. >> Kitchen: Is it the 16.7 million we're short of reaching that? Is that what we're seeing? >> Yes, ma'am. And we've -- the investment has been really significant in the area of social service contracts. >> Kitchen: Okay. >> And so we've really, really moved aggressively on that goal. But there is -- we have really not made a significant investment in the core public health services. >> Kitchen: Have we lost ground in terms of the core public health? I mean have we gone backwards or just not making progress? >> We're not making progress. >> Kitchen: Okay. All right. Thank you. >> Houston: And I just have a question about, again, how we measure performance again. So like the parent support specialist with Austin independent school district, who sets the metrics for that and how do we monitor that to see if they are reaching -- what are the goals for the support specialist? >> So the parent support specialist contracts, those contracts are pretty much labeled as in kind of two outcomes. One is youth that are progressing to the

next grade and then the other one basically shows improvement, you know, for the parents and stability for the parents. And so the city has set those goals and we work with them to establish the targets for those. There's a certain number of students served, but from that cohort of students we look for students to be able to progress to the next grade and/or next level successfully. And so it's a quarterly

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performance report, but then they do an annual closeout which provides us information about how successful the youth have progressed to the next grade. And then the supports that are to parents, if a parent presents and they need some additional support, because through the parent support specialist they are able to provide that additional support whether it's basic needs support or academic support, then it just shows an improvement with the parents stability. Those are the outcome measures we are using for that particular contract. >> Houston: So I can understand when a child progresses to the next level or grade, but how do you measure the stability of parents? >> What you look at is is that you look at when the parent appear and when the parent presents and they talk about their presenting problem. So for example the parent may be homeless. And so they present with their presenting problem and so the parent support specialist works with them and other providers to ensure that they are connected to housing, for example. Other times it is an education need that may be met. Maybe the parent is wanting to study for a ged or do some other type of professional improvement or development. So they are able to connect them, you know, to whatever they are -- >> Houston: This is like a case manager. >> Exactly. >> Houston: At each of these schools to be able to make -- >> Yes, ma'am. >> Houston: I understand case manager and what that looks like. So that -- that helps, yeah, been there, done that. So I think my other question is -- well, I don't have another question. Right now. >> Okay. >> Houston: Mayor pro tem, did you have anything?

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One more question about the affordable care act enrollment outreach. Federally where is that going? Because, you know, we're investing \$250,000 to keep getting people enrolled. So what do you hear from federal sources about the access to the affordable health care act from now on? >> Well, there is a certain level of uncertainty with the affordable care act. As you all are probably sure aware as well, there continues to be conversations at the federal level about that access to health care. And so with the current providers that we have now, we are getting geared up with the two current providers, foundation communities as well as Latino health care forum, to be able to provide specific services. So for example Latino health care will do more outreach into areas where folks may not typically have enrolled and be able to get the hard to reach individuals enrolled; whereas foundation communities at

the center level will be able to reenroll people assisted with making any changes and then have them to also start thinking about their taxes as well. And so we are continuing to, you know, be able to support those efforts in getting as many people enrolled. It is a shorter enrollment period and so being able to really move the needle on getting individuals enrolled or making any changes that they need to make to their current policy. >> Houston: Mr. Van eenoo do, you have anything to add? >> I'm here for you. >> Houston: Any questions

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for Mr. Van eenoo? Thank you so much. I appreciate the work and the information that you provided. >> Thank you. We appreciate your support, all of you. Thank you. >> Houston: Now we discuss any of the agenda items that we need to put on the agenda for the December the 13th meeting. That's the last meeting of the year, right? And we are probably going to have a special called meeting for the sobriety center so any other agenda items for December 13th or do you just want to hold them? Okay. So if you think of some agenda items, if you will let Mr. Corona know, we'll go ahead and get that schedule and post it for conversation. Okay? Mr. Peña never showed up. That completes our agenda. If there are no more questions, no more issues, no more concerns, we stand adjourned until we meet again. And the time is -- >> Tovo: 3:38. >> Houston: 3:38.